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Certified Copies	Certificates of Status	
		
Special Instructions to	o Filing Officer:	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr. Ste A. Tallahassee FL. 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/04/22

NAME: BEAR CREEK FINANCIAL CORP.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	stration Section sion of Corporatio	ns			
SUBJECT:	:				
		Name of corporati	on - must	include suffix	
Dear Sir or M	Aadam:				
"Certificate	of Existence," or '	Foreign Corporation for Cortificate of Good Storation to transact business.	anding" a	ind check are subm	Business in Florida," nitted to register the
Please return	all corresponden	ce concerning this mat	ter to the	following:	
Lisa Hernand	ez				
		Name	of Person		
Bear Creek F	inancial Corp.				
			ompany		
13570 North	gate Estates Suite 20	00			
		Ac	ldress		
Colorado Spi	rings, CO 80921				
••••		City/Stat	c and Zip	code	
lisa@bearcre	ekmortgage.com				
	E-r	nail address: (to be use	ed for fute	ire annual report no	otification)
For further i	nformation conce	rning this matter, pleas	se call:		
Lisa Hernand	iez	719 at () 591-1111 i Code Daytime Telephone Number		
Na	me of Person	Area C	Code	Daytime Teleph	one Number
Reg Div The 241	REET/COURIER gistration Section ision of Corporati Centre of Tallaha 5 N. Monroe Stre lahassee, FL 3230	ons assee et, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
Enclosed is Please make ☐ \$70.00 F	iling Fee 🔲	llowing amount: LORIDA DEPARTME \$78,75 Filing Fee & Certificate of Status	☐ S78.	TATE 75 Filing Fee & lifted Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	Indiana SINICORDOR ATEL	" "COMPANY" "CORPORATION	J "
"Inc.," "Co.," "Co	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp.")). COMPANT, CORPORATION	₹,
(If name unavaila	able in Florida, enter alternate corporate narr	ne adopted for the purpose of transacting	g business in Florida)
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
10/30/2009		5.	
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determin e penalty liabil	ity)
13570 Northgate	Estates Suite 200 Colorado Springs, CO 809	921	
	(Principal o	ffice <u>street</u> address)	
	(Current mai	ling address, if different)	
			20
Name and stree	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	2022 N
Name and stree	et address of Florida registered agent: (I	'.O. Box <u>NOT</u> acceptable)	2022 NOA 2302
Name:		'.O. Box <u>NOT</u> acceptable)	2022 NOV -4
Name:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor		2022 NOV -4 PH 2
Name:	Paracorp Incorporated		2022 NOV -4 PH 2: 2
Name: ffice Address:	Paracorp Incorporated 155 Office Plaza Drive. 1st Floor Tallahassee (City)		🛣
Name: ffice Address: Registered ag	Paracorp Incorporated 155 Office Plaza Drive. 1st Floor Tallahassee (City) ent's acceptance: ied as registered agent and to accept set		d corporation at the p
Name: ffice Address: Registered ag aving been namesignated in this	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) ent's acceptance: led as registered agent and to accept selection, I hereby accept the appoint	. Florida 32301 (Zip code) rvice of process for the above state attention as registered agent and agr	d corporation at the pree to act in this capac
Name: ffice Address: Registered ag faving been nan esignated in this orther agree to c	Paracorp Incorporated 155 Office Plaza Drive. 1st Floor Tallahassee (City) ent's acceptance: ied as registered agent and to accept set	. Florida 32301 (Zip code) rvice of process for the above state attention as registered agent and agree something to the proper and comple	d corporation at the pree to act in this capac
Name: ffice Address: Registered ag faving been nan esignated in this orther agree to c	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) ent's acceptance: aed as registered agent and to accept selection, I hereby accept the appoint comply with the provisions of all statute.	. Florida 32301 (Zip code) rvice of process for the above state attention as registered agent and agree something to the proper and comple	d corporation at the pree to act in this capac
Name: ffice Address: Registered ag faving been nan esignated in this arther agree to c	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) ent's acceptance: aed as registered agent and to accept selection, I hereby accept the appoint comply with the provisions of all statute.	. Florida 32301 (Zip code) rvice of process for the above state attentment as registered agent and agr s relative to the proper and comple position as registered agent.	d corporation at the pree to act in this capac

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Lisa Hernandez Name: []Chairman Chairman Address: □Vice Chairman □Vice Chairman Address: 13570 Northgate Estates Suite 200 ElDirector ☐ Director Colorado Springs, CO 80921 President President □ Vice President ☐ Vice President **ElSecretary** Treasurer □Treasurer □ Secretary □ Other _____ []Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Name: □ Chairman Address: □Vice Chairman Address: □Vice Chairman □Director Director □ President □ President □ Vice President ☐ Vice President Treasurer Secretary □Treasurer □ Secretary DOther _____ Other____ □Other _____ Name: □Chairman Name: □Chairman Address: □ Vice Chairman Uvice Chairman Address: Director ☐ Director []]President □President □Vice President _____ □ Treasurer □Secretary ☐Treasurer ☐ Secretary ☐Other_____ ☐Other _____ []Other_____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filipg your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and caracity of presen signing application)

Lisa Hernandez - president

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/4/2022

ENTITY NAME: Bear Creek Financial Corp.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Bear Creek Financial Corp.

is a

Corporation

formed or registered on 10/30/2009—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091573103.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/03/2022 that have been posted, and by documents delivered to this office electronically through 11/04/2022 @ 09.42:13.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 14/04/2022 (a) 09:42:13 in accordance with applicable law. This certificate is assigned Confirmation Number 14/440701



Secretary of State of the State of Colorado

Nation 1 certificate issued chetronically from the Colorado Secretary of State's website is fully and nomediately valid and effective However, as an option, the established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloredosos.gov/bir/Certificate/Secret/Vriteria do entering the certificate's confirmation number displayed or the certificate and toll wing the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the yould not effective essance of a certificate. For more information, visit our website, https://www.coloradosos.gov.clack."Rusmesses, reademarks, trade our essential selective "Frequently (sked Questions.")